

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>W</i>	45	6/17
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	SA	68966	7-2-00

INDEX OF CLAIMS

✓ Rejected
 " Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	9/29/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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APPLICANTS
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☐ TERM
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WARNING:
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